



CONFIDENTIAL

Harford County Government Interim Performance Evaluation

Evaluation Period:

Dates: _____

Employee:	E.I.N.
Job Title:	Department:
Review Date:	Supervisor:

SECTION 1 - PERFORMANCE REVIEW

To be completed by the immediate supervisor. Copies will be retained by the employee being reviewed and his/her supervisor. Employees are evaluated on each of the factors listed below. Please use space on back for comments if the rating circled is U and specify which factor you are commenting on.

		<u>Circle One*</u>	
Attendance	Employee arrives and starts work on time and has no unexcused absences.	C	U
Customer Service	The extent to which the employee provides prompt, high-quality service to members, staff, vendors and internal/external customers.	C	U
Communication	Creates effective working relationships by information sharing	C	U
Teamwork	Consensus building and using active listening skills	C	U
Achievement	Achieves organizational and individual goals by seizing opportunities and learning from experience	C	U
Flexibility/Innovation	Initiates new ideas, exhibits creative thinking and grasps new concepts	C	U
Technical Excellence	Apply and develop technical and role specific skills and organizational knowledge	C	U
Safety	Complies with Harford County Safety Manual	C	U

Employee meets current expectations: Yes ☐ No ☐

*Definitions

Competent	Results are good. Performance is consistent with expectations. No important areas of failure or lack of accomplishment.
Unacceptable	Performance does not meet expectations and/or needs immediate improvement.

SECTION 2 - KEY DEVELOPMENT AREAS

Supervisor Comments (Identify key developmental areas the employee should focus on over the next year. Develop a plan to provide formal or informal training in these areas.)

Initial/Date

Employee's Comments:

Initial/Date

If performance is found to be unacceptable in 3 or more elements, supervisor **must** complete a written Performance Improvement Plan, which must be presented and discussed with the employee in a timely manner.

SECTION 3 - SIGNATURES

This report has been discussed with me. I understand that my signature does not necessarily indicate agreement.

I agree _____

I do not agree _____

Employee's Signature _____ Date _____

Supervisor _____ Date _____

Interim Performance Evaluations are not required to be completed, but are encouraged to be utilized as a tool to provide feedback to employees. Strong lines of communication between supervisors and employees should be maintained throughout the year.